

( ) PANHANDLE HEALTH DISTRICT  
**NOTICE OF PRIVACY DECLARATION SUMMARY**

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Panhandle Health District will use your medical information for your treatment. An example of this is looking at a previous shot record to figure out what shots are needed at the time of service.

Panhandle Health District will use your financial information to determine the fees you will be charged on a sliding fee scale. This is based on your gross monthly income and number of people in your family. It can also be affected by coverage by Medicaid and private health insurance. Panhandle Health District will bill Medicaid or Medicare (if applicable) for most services and insurance for Family Planning services.

Panhandle Health District will use your health information for regular health care operations. For example, members of the medical staff and the clerical staff will update your chart at each visit to give us an idea of where you are in your medical history.

Panhandle Health District works with other facilities to analyze lab specimens (such as paps, pertussis swabs, and other tests) to provide you with an accurate assessment of your current health situation. The other facilities are bound by the same strong confidentiality rules that Panhandle Health District stands behind.

You have the right to receive confidential communications from Panhandle Health District. If you become our patient and give us permission to contact you, Panhandle Health District may send you letters regarding appointments, test results, and recommendations for follow-up immunizations or treatment.

As a patient you have the right to request restrictions on specific uses of your personal health information. If you don't want your information shared with a specific business associate of Panhandle Health District, that information will be noted in your medical chart.

You have the right to inspect and have a copy your personal health information chart. The chart belongs to the Panhandle Health District, but the information is yours.

You have the right to request an amendment to your chart.

You have the right to know who has viewed your personal health information for purposes other than treatment, payment, or health care operations.

You have the right to receive a paper copy of our declaration of ~~privacy notice upon request~~.  
You can also access our Privacy Declaration on our website at [www2.state.id.us/phd1/](http://www2.state.id.us/phd1/)

If you feel your rights have been violated, you may contact Panhandle Health District's Privacy contact at 208-415-5103. If you believe your privacy rights have been violated, you can file a complaint with the Secretary of Health and Human Services at 1-877-696-6775. There will be no retaliation for filing a complaint.

*Should update web address. This form is on Sharepoint*

\_\_\_\_\_  
Acknowledgement of your Rights by signature

\_\_\_\_\_  
Date

FACH15- 03-2010  
Created April 03  
Amended March 10

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